

ARKANSAS INSURANCE DEPARTMENT
1200 WEST THIRD STREET
LITTLE ROCK, ARKANSAS 72201
501-371-2750

ADDRESS CHANGE FORM

INSTRUCTIONS: All areas of this form that relate to the individual or the agency must be completed. If information does not apply then mark the section N/A. WE MUST HAVE A PHYSICAL ADDRESS FOR THE RESIDENCE. Use a separate form for each individual and for each agency—do not combine an individual and agency on the same form—combinations will not be processed. This form must be printed in ink, typed or computer generated—the form must be legible or the change will not be made. There is no charge for a change of address and this form may be computer generated or duplicated. MAIL THE FORM OR FAX THE COMPLETED FORM TO 501-371-2618.

This form cannot be used for a name change for an individual or agency.

Individual Address Change

Name of Individual _____

Individual's Social Security Number or License Number _____

Licensee's Current Mailing Address _____

(P.O. Box is allowed for mailing address)

Current Resident Address _____

(Must be physical address cannot use P.O. Box if in small town General Delivery is acceptable)

Current Business Address _____

(Must have physical address but you can also include P.O. Box)

Current Home Phone Number _____

Current Business Phone Number _____

Current Fax Number _____

Current E-Mail Address _____

Please change the information on my record to reflect this current information. I understand if I change my state of residence additional requirements will apply.

Signature of Licensee

Dated

Agency Address Change

Agency Name _____ **Tax Id Number** _____

Agency Mailing Address: _____

(May use P.O. Box)

Agency Physical Address: _____

(Must have physical address no P.O. Box)

Agency Contact Person _____ **Agency Phone Number** _____

Agency Fax Number _____ **E-mail of Contact Person** _____

Please change the information on the agency record to reflect this current information. I understand that an agency name change or move to another state of domicile required additional information.

(Signature of Agency Contact Person)

Dated

Department use only

Date received: _____

Dated Processed: _____